



State of Arizona  
Department of Education

## **Two-Semester Teaching Intern Program** **Official Verification Form**

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**Intern's Name:** \_\_\_\_\_  
(first) (last)

This is to verify that I am aware of the Teaching Intern Certificate requirements [R7-2-612 (E)].

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Principal:**

This verifies that intern placement is \_\_\_\_\_ at \_\_\_\_\_ for the **2009-2010SY**.

Principal's Name: \_\_\_\_\_  
(first) (last)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**School District Human Resources:**

This verifies that \_\_\_\_\_ has been issued a contract to teach \_\_\_\_\_  
(teacher name) (content assignment)  
\_\_\_\_\_ at \_\_\_\_\_ for the **2009-2010 SY**.

School District Name: \_\_\_\_\_

HR Director Name: \_\_\_\_\_  
(first) (last)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Institution of Higher Education:**

Mr/Ms/Mrs \_\_\_\_\_ has officially enrolled and given financial clearance to participate in the **Two-Semester Teaching Intern Program**.

Institution Name: \_\_\_\_\_

Intern Director Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_